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## \*BIBDATASHEET\*

CONFIRMATION NO. 2671

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/726,040	<b>FILING OR 371(c) DATE</b> 12/02/2003 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3739	<b>ATTORNEY DOCKET NO.</b> LS-004
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## APPLICANTS

Glenn Butler, Tarrytown, NY;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/613,608 07/03/2003 PAT 7,001,413 which claims benefit of 60/393,607 07/03/2002  
 and claims benefit of 60/430,269 12/02/2002 *Hy*  
 This application 10/726,040  
 claims benefit of 60/430,181 12/02/2002 *Hy*  
 and claims benefit of 60/430,269 12/02/2002 *Hy*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE  
 GRANTED \*\* 03/02/2004

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged <i>Allowance</i> Examiner's Signature <i>[Signature]</i> Initials				

## ADDRESS

31647

## TITLE

Methods and apparatus for light therapy

<b>FILING FEE RECEIVED</b> 1118	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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